

~ Continued On Reverse Side ~

13. a) Yes ☐

No ☐

b) Yes ☐

No ☐

c) Yes ☐

No ☐
- Have you (as a sole proprietor) or any directors, officers or partners of this company/partnership ever been **ARRESTED**? You must answer **YES**, even if charges where dropped or dismissed.
- Are you or any of the individuals listed in question 12a currently on **PAROLE** or **PROBATION**?
- Are there **CRIMINAL** charges currently pending against you (or your spouse) or any directors, officers or partners of this company/partnership? If any question in 12 a, b or c was answered as **YES**, you must provide the following:

Individual's Name	Date of Arrest	State	Arresting Agency	Offense	Outcome/Sentence
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____

If you need more space to report additional information related to any of the questions above, please attach a separate page.

14. Please list the names of any employees who will be working on site. This includes anyone working at the race track or any facility under the jurisdiction of the Indiana Horse Racing Commission. **Please print legibly!**

(Please note that anyone working on site must be licensed individually.
For more space, please attach a separate page.)

15. **IHRC Rules Require Worker's Compensation Act Compliance.** Licensed employers shall carry worker's compensation insurance covering their employees as required by 71 IAC 5-1-10.

16.

STOP

PRIOR TO SUBMITTING THIS APPLICATION, YOU MUST BE APPROVED BY EITHER THE RACE TRACK/PERMIT HOLDER OR THE INDIANA HORSE RACING COMMISSION, DEPENDING ON WHO YOU ARE EMPLOYED OR CONTRACTED BY.

Approval is hereby granted by _____
Signature of Race Track/Casino Management or Racing Commission

Date _____, 20_____
Title _____

Indiana Horse Racing Commission Affidavit

I understand that participation in racing in Indiana is a privilege, not a right, that the license issued pursuant to this Application is subject to conditions precedent as set out in the applicable Indiana Rules and Regulations, and that my failure to comply therewith, including but not limited to misstatements or omissions in the foregoing application, shall be grounds for immediate revocation or suspension of such license. By acceptance of said license, I agree to abide by the statutes of the State of Indiana relating to racing, the applicable Indiana Rules and Regulations and rulings or decisions of the Judges/Stewards with the knowledge that rulings or decisions of the Judges/Stewards shall remain in force until reversed or modified by the Indiana Horse Racing Commission.

I hereby acknowledge that I will be subject to the searches, either in my presence or absence, provided for in Indiana Code 4-31-13, as amended, and the Indiana Rules and Regulations that authorize personal inspections, inspection of any personal property, and inspections of premises and property related to my participation in a race meeting by persons authorized by the Indiana Horse Racing Commission. I also acknowledge that I may be requested to provide a breath or urine sample in accordance with Indiana Code 4-31-8, as amended, and the applicable Indiana Rules and Regulations. I further acknowledge that the Indiana Horse Racing Commission may seize any article or substance which is found in my possession or control or in a location under my control which may be forbidden or is against the applicable Indiana Rules and Regulations. I hereby waive all claims and remedies with the exception of those provided for by the Indiana Administrative Orders and Procedure Act (contained at Indiana Code 4-21.5-1, et seq.), and the applicable Indiana Horse Racing Commission Rules arising therefrom against the Indiana Horse Racing Commission and its members, employees and agents and the racing association on whose premises the search and/or seizure is made and the officials, employees and agents of such association.

I hereby certify that I have read the foregoing Application and affirm that every statement contained therein is true and correctly and completely set forth. I do hereby authorize the Indiana Horse Racing Commission, the Indiana State Police, and the Federal Bureau of Investigations to investigate and verify all information contained in this Application.

Signature of Applicant

Date